




**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
ANDREW JACKSON BUILDING, 15TH FLOOR
500 DEADERICK STREET
NASHVILLE, TENNESSEE 37243**

January 23, 2006

MEMORANDUM

TO: Residential Services Providers
Independent Support Coordination Providers

FROM: Stephen H. Norris 
Deputy Commissioner
Division of Mental Retardation Services

SUBJECT: Changes in Residential Home Size

In our continuing effort to better control the costs of residential services, effective with the date of this memo, I am directing that all changes in residential home size that are not the result of the temporary absence (less than 90 days) of a roommate receive prior approval. Temporary absence includes absences as a result of a roommate moving, being hospitalized or on an extended visit.

Between November 2004 and March 2005, 377 people "downsized" their residence. The increased cost for these home-size changes was very significant and represents unplanned-for-costs for people already being served. It also represents additional demand on the number of direct support staff required to provide residential services and the number of residential sites providers must supervise. Finally, it represents the expenditure of millions of dollars in a way that probably has little effect on the quality of services received by the majority of the people involved.

Before a person receiving residential services changes residential home size that would increase the rate of payment for the residential service, the reason for the change must be provided to the Regional Director. The Regional Director will decide whether a request should be denied. If the Regional Director concurs that the request meets the criteria, final approval by the Assistant Commissioner for Community and Facility Services is required. The Regional Director will forward the justification to the Central Office Director of Operations to be processed.

Payments will not be made if prior authorization has not been given. If a temporary absence extends past 90 days and a higher residential rate was paid during that period, approval is required to continue to receive the higher rate of payment. Failure to obtain

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approval will result in automatic reversion to the previous rate and recoupment of amounts over-billed.

Please use the attached form to request a change in home size.

As always, thank you for cooperation. If you have any questions, please contact the Regional Director or Donna Allen in my office at 615-532-6540 or donna.allen@state.tn.us.

SHN/DA

Copy: Gail Thompson, TennCare
Dr. Larry Latham, DMRS
Dr. Louis Moore, DMRS
Regional Directors

MEMORANDUM

DATE:

TO: Regional Director

FROM: (Residential Provider Agency)

SUBJECT: Request for Approval of Change in Home Size

The Circle of Support for _____ is requesting approval for a change in home size that will result in a higher residential rate.

The person requires this change for the following reason(s) (Check all that apply):

- ☐ Housemate incompatibility (Please explain):

- ☐ Loss of Lease and no comparable housing arrangement is available. (Please explain)

- ☐ Person's health or behavioral condition has worsened and more intensive staffing is required. (Please explain)

- ☐ Change in Provider and no comparable housing arrangement is available. (Please explain)

- ☐ Other Reason beyond the individual's or provider's control. (Please explain);

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Not Approved

(Regional Director Signature)

(Date)